



1634

PATENT  
ATTORNEY DOCKET NO.: DIVER1280-14

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William Michael Lafferty                      Art Unit: 1634  
Application No.: 09/894,956                                      Examiner: Betty J. Forman  
Filed: June 27, 2001  
Title: CAPILLARY ARRAY-BASED SAMPLE SCREENING

Commissioner for Patents  
ATTN: Examiner Betty J. Forman  
Group Art Unit No. 1634  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL SHEET**

Sir:

Transmitted herewith for the above-identified application, please find:

1. Response to the Office Action mailed November 14, 2002 (13 pages);
2. Petition for Three (3) Months Extension of Time (2 pages);
3. Check No. 536509 in the amount of \$465.00; and
4. Return Receipt Postcard.

| CERTIFICATION UNDER 37 CFR §1.8  |
|--|
| I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, May 9, 2003, in an envelope addressed to: Commissioner for Patents, ATTN: Examiner Betty J. Forman, Group Art Unit No. 1634, P.O. Box 1450, Alexandria, VA 22313-1450 |
| <u>Cecilia Tobin</u><br>(Name of Person Mailing Paper)   |
| <u>Cecilia Forman</u><br>(Signature)   |

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Applicants claim **SMALL ENTITY** status in the above-identified application. Pursuant to 37 C.F.R. § 1.27, a verified statement claiming small entity status is not required.


The filing fee is calculated as follows:

| For                | Claims Remaining After Amendment | Highest Number Previously Paid For | Extra Claims | Large Entity Rate | Small Entity Rate | Calculations |
|--------------------|----------------------------------|------------------------------------|--------------|-------------------|-------------------|--------------|
| Total Claims       | 11                               | 43                                 | 0            | x \$18            | x \$09            | \$ .00       |
| Independent Claims | 1                                | 9                                  | 0            | x \$84            | x \$42            | \$ .00       |
| Multiple Claims    |                                  |                                    |              | \$280             | \$140             | \$ .00       |
| Basic Filing Fee   |                                  |                                    |              | \$750             | \$375             | \$ .00       |
|                    |                                  |                                    |              |                   | TOTAL FEE         | \$ .00       |

Enclosed is Check No. 536509 in the amount of \$465.00 for the Three (3) Months Extension of Time Fee. The Commissioner is hereby authorized to charge any other required fees associated with the filing submitted herewith, or credit any overpayments to Deposit Account No. 50-1355. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: May 9, 2003

  
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